

**Iowa Special Education Advisory Panel
Membership Application**

Name: _____

Address: _____

Phone: home _____ work _____

The best time to contact me is: _____

Check the categories of required membership for which you qualify:

___ Individual with a
disability

___ Institute of higher
education that
prepares special
education personnel

___ Vocational,
community
or business
(transition)

___ Teacher
(general or
special education)

___ State & local
education
official

___ State juvenile
& adult
corrections

___ Parent of a child
with a disability
(the child must have
an IEP)

___ Special education
program administrator

___ Private
School

___ Superintendent

___ Principal

___ Other:

[illegible]

Please indicate any reasonable accommodations necessary for your participation:

Please include two personal references and their phone numbers:

1. _____

2. _____

Send application to:

Steve Maurer
Bureau of Children, Family, and Community Services
Grimes State Office Building
Des Moines, IA 50319
Ph: (515) 281-3576
FAX: (515) 242-6019
steve.maurer@ed.state.ia.us